

0000230242 1/25/13

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD

AsOfDate 01/26/2013

Voucher Vchr VchrLineDescr

Number	Line	Line#	Description	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
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00322431	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	01	000097172	Adams, R. 1.7-1.	570.00
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Total For Voucher 570.00

VP

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500	Invoice Number: Adams, R. 1.7-1.11.13
Voucher ID: 00322431	Invoice Date: 01/14/2013
Voucher Style: Regular	Total: 570.00
Vendor: ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE RUIDOSO, NM 88345	*Pay Terms: Pay Now <u>Schedule Payments</u>

Payment Information		Find View All	First	1 of 1	Last
Scheduled Payment: 1					
*Remit to: 0000097303		Gross Amount: 570.00	USD		
Location: 001		Discount: 0.00	USD	Discount Denied	
*Address: 1	ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE 103 KANSAS CITY RD RUIDOSO, NM 88345	Scheduled Due: 01/14/2013			
		Net Due: 01/14/2013			
		Discount Due:			
		Accounting Date:			

Payment Method		Pay Group:
*Bank: WFB10		
*Account: B		RE
*Method: ACH ACH		N
Message:	<p>Message will appear on remittance advice.</p> <p>Messages</p>	

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 1.7-1.11.13
Voucher ID: 00322431 Invoice Date: 01/14/2013
Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRNNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

NAME DEPARTMENT OF HEALTH

PAGE	1	DATE	1/11/2013
AGENCY CODE	66500	VOUCHER NUMBER	0032249

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS-1984
	Year:	2011	Make:	Nissan	Model:	Altima

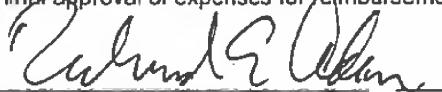
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.				
	Course Name:	Meetings in Santa Fe and ABQ for Governing Boards			
	<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	01/04/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	01/07/13	Time:	06:00 AM	Return Date: (month/day/yr)	1/11/13 Time: 06:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mlie	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 1-7-13
Employee Signature Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator
(As per specific division requirements) Date

 1/10/13
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)